

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>no sec. 107</i>		<i>7/6/01</i>
O.I.P.E. CLASSIFIER	<i>RSD</i>		<i>7/13/00</i>
FORMALITY REVIEW	<i>P.S.</i>	<i>1116</i>	<i>08/20/01</i>
RESPONSE FORMALITY REVIEW			

# INDEX OF CLAIMS

✓ ..... Rejected  
 " ..... Allowed  
 - (Through numeral)..... Canceled  
 + ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date
Final Original	
1	<i>5/4/02</i>
2	<i>7/7/02</i>
3	<i>7/7/02</i>
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Claim	Date
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If more than 150 claims or 10 actions  
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